

CORRECTIONS

In the article by Antman EM, Anbe DT, Armstrong PW, et al., “ACC/AHA Guidelines for the Management of Patients With ST-Elevation Myocardial Infarction: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee to Revise the 1999 Guidelines for the Management of Patients With Acute Myocardial Infarction),” which appeared in the August 4, 2004, issue of the journal (*J Am Coll Cardiol* 2004;44:e1–212), the following errors occurred:

1. In Table 15 on page e53, in the column for reteplase, the entry for “90-min patency rates, approximate %” should read “60–70.”
2. On page e123, in the second paragraph of the first column, the word “infarction” should be changed to “infection” in the last sentence to read, “Patients with cardiac troponin I higher than 1.5 ng/ml were more likely to have had a recent infection (66% versus 31%; *p* equals 0.01) and were younger (age 37 plus or minus 14 years versus 52 plus or minus 16 years; *p* equals 0.002).”

These errors have been corrected in the current online version of the article.

doi:10.1016/j.jacc.2007.07.005

Ndrepepa G, Mehilli J, Martinoff S, Schwaiger M, Schömig A, Kastrati A. Evolution of Left Ventricular Ejection Fraction and its Relationship to Infarct Size After Acute Myocardial Infarction. *J Am Coll Cardiol* 2007;50:149–56.

On page 153, the fourth sentence of the “Results of multivariable analysis” section should read as follows:

The model identified baseline LVEF, initial perfusion defect, early reduction in perfusion defect, late reduction in perfusion defect, peak creatine kinase-MB, and smoking as independent predictors of the 6-month Δ EF.

doi:10.1016/j.jacc.2007.09.009